

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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HOUSE BILL 314
Committee Substitute Favorable 4/27/99

Short Title: Insurance Covg./Bone Mass Msmt.

(Public)

Sponsors:

Referred to:

March 4, 1999

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE HEALTH AND ACCIDENT INSURANCE POLICIES,
3 HOSPITAL OR MEDICAL SERVICES PLANS, AND HMO PLANS TO PROVIDE
4 COVERAGE FOR BONE MASS MEASUREMENT FOR THE DIAGNOSIS AND
5 EVALUATION OF OSTEOPOROSIS.

Whereas, osteoporosis or low bone mass is a public health hazard to over one million North Carolinians age 50 and over; and

Whereas, each year more than 13,000 North Carolinians are hospitalized for hip fractures alone resulting in more than \$57 million in direct medical costs; and

Whereas, osteoporosis or low bone mass is a silent disease, typically undiagnosed until a fracture occurs, and once a fracture occurs, osteoporosis or low bone mass is already substantially advanced and has a high risk of additional fractures; and

Whereas, one of two women over age 50 and one of eight men over age 50 will suffer at least one osteoporotic fracture during late life; and

Whereas, osteoporosis or low bone mass has no cure, pharmaceutical or otherwise, but prevention, early diagnosis, and treatment can be key to reducing the prevalence of this disease as well as its negative impact on individuals; and

Whereas, osteoporosis or low bone mass not only increases the likelihood of fracture and nursing home placement but also increases the risk of depression, loss of self-esteem, anxiety, chronic pain, poor social relationships, and loss of employment; and

Whereas, it is cost-effective to mandate coverage of bone mass measurement because it leads to early diagnosis, intervention, and prevention of fracture and, therefore, reduces unnecessary health care expenditures; and

Whereas, bone mass measurement reliably detects low bone mass and helps to ascertain the extent of bone loss to determine an individual's future fracture risk which helps individuals and health care professionals to select appropriate therapies and interventions; and

Whereas, conventional X rays cannot accurately diagnose osteoporosis or low bone mass in the absence of fracture; and

Whereas, scientifically proven technologies for bone mass measurement and other services related to the diagnosis and treatment of osteoporosis or low bone mass can be used effectively to reduce the physical, emotional, social, and financial burden that this disease inflicts upon its victims; Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. Effective January 1, 2000, Article 3 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-3-174. Coverage for bone mass measurement for diagnosis and evaluation of osteoporosis or low bone mass.

(a) Every entity providing a health benefit plan shall provide coverage for a qualified individual for scientifically proven and approved bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the plan shall apply to coverage for bone mass measurement.

(b) A health benefit plan may provide that bone mass measurement will be covered if at least 23 months have elapsed since the last bone mass measurement was performed, except that a plan must provide coverage for follow-up bone mass measurement performed more frequently than every 23 months if the follow-up measurement is medically necessary. Conditions under which more frequent bone mass measurement coverage may be medically necessary include, but are not limited to:

(1) Monitoring beneficiaries on long-term glucocorticoid therapy of more than three months.

(2) Allowing for a central bone mass measurement to determine the effectiveness of adding an additional treatment regimen for a qualified individual who is proven to have low bone mass so long as the bone mass measurement is performed 12 to 18 months from the start date of the additional regimen.

(c) Nothing in this section shall be construed to require health benefit plans to cover screening for nonqualified individuals.

(d) As used in this section, the term:

- 1 (1) 'Bone mass measurement' means a scientifically proven radiologic,
2 radioisotopic, or other procedure performed on a qualified individual to
3 identify bone mass or detect bone loss for the purpose of initiating or
4 modifying treatment.
- 5 (2) 'Health benefit plan' means an accident and health insurance policy or
6 certificate; a nonprofit hospital or medical service corporation contract;
7 a health maintenance organization subscriber contract; a plan provided
8 by a multiple employer welfare arrangement; or a plan provided by
9 another benefit arrangement, to the extent permitted by the Employee
10 Retirement Income Security Act of 1974, as amended, or by any waiver
11 of or other exception to that act provided under federal law or
12 regulation. 'Health benefit plan' does not mean any plan implemented or
13 administered by the North Carolina Department of Health and Human
14 Services or the United States Department of Health and Human
15 Services, or any successor agency, or its representatives. 'Health benefit
16 plan' also does not mean any of the following kinds of insurance:
- 17 a. Accident
18 b. Credit
19 c. Disability income
20 d. Long-term care or nursing home care
21 e. Medicare supplement
22 f. Specified disease
23 g. Dental or vision
24 h. Short-term limited duration coverage
25 i. Coverage issued as a supplement to liability insurance
26 j. Workers' compensation
27 k. Medical payments under automobile or homeowners
28 l. Hospital income or indemnity
29 m. Insurance under which benefits are payable with or without
30 regard to fault and that is statutorily required to be contained in
31 any liability policy or equivalent self-insurance.
- 32 (3) 'Insurer' includes an insurance company subject to this Chapter, a
33 service corporation organized under Article 65 of this Chapter, a health
34 maintenance organization organized under Article 67 of this Chapter,
35 and a multiple employer welfare arrangement subject to Article 49 of
36 this Chapter.
- 37 (4) 'Qualified individual' means any one or more of the following:
- 38 a. An individual who is estrogen-deficient and at clinical risk of
39 osteoporosis or low bone mass.
- 40 b. An individual with radiographic osteopenia anywhere in the
41 skeleton.
- 42 c. An individual who is receiving long-term glucocorticoid (steroid)
43 therapy.

- 1 d. An individual with primary hyperparathyroidism.
2 e. An individual who is being monitored to assess the response to or
3 efficacy of commonly accepted osteoporosis drug therapies.
4 f. An individual who has a history of low-trauma fractures.
5 g. An individual with other conditions or on medical therapies
6 known to cause osteoporosis or low bone mass."

7 Section 2. Effective January 1, 2000, G.S. 58-50-155 reads as rewritten:

8 "**§ 58-50-155. Standard and basic health care plan coverages.**

9 (a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and
10 approved under G.S. 58-50-125 shall provide coverage for mammograms and pap smears at
11 least equal to the coverage required by G.S. 58-51-57.

12 ~~(a1) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and~~
13 ~~approved under G.S. 58-50-125 shall provide coverage for prostate-specific antigen~~
14 ~~(PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the~~
15 ~~coverage required by G.S. 58-51-58.~~

16 ~~(a2) Notwithstanding G.S. 58-50-123(c), the standard health plan developed and~~
17 ~~approved under G.S. 58-50-125 shall provide coverage for reconstructive breast surgery~~
18 ~~resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-62. all~~
19 ~~of the following:~~

- 20 (1) Mammograms and pap smears at least equal to the coverage required by
21 G.S. 58-51-57.
22 (2) Prostate-specific antigen (PSA) tests or equivalent tests for the presence
23 of prostate cancer at least equal to the coverage required by G.S. 58-51-
24 58.
25 (3) Reconstructive breast surgery resulting from a mastectomy at least equal
26 to the coverage required by G.S. 58-51-62.
27 (4) For a qualified individual, scientifically proven bone mass measurement
28 for the diagnosis and evaluation of osteoporosis or low bone mass at
29 least equal to the coverage required by G.S. 58-3-174.

30 (b) Notwithstanding G.S. 58-50-125(c), in developing and approving the plans
31 under G.S. 58-50-125, the Committee and Commissioner shall give due consideration to
32 cost-effective and life-saving health care services and to cost-effective health care
33 providers. ~~This section shall be effective after July 10, 1991."~~

34 Section 3. This act is effective when it becomes law and applies to health
35 benefit plans that are delivered, issued for delivery, or renewed on and after January 1,
36 2000. For purposes of this act, renewal of a health benefit plan is presumed to occur on
37 each anniversary of the date on which coverage was first effective on the person or
38 persons covered by the health benefit plan.